

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)	SERIAL NO. <div style="font-size: 1.5em; font-family: cursive;">8/973815</div>	FILING DATE
APPLICANT(S)		

CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
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